Community Engagement to Address the Opioid Crisis

National Association for Court Management (NACM)
2019 Annual Conference

Robert Pack, MPH, PhD
Angela Hagaman, MA
Judge Duane Slone
Steve Collins
The goal of the Resource Center is to equip the drug court field with a wide variety of open and accessible resources and research, helping treatment courts run more effectively.

www.NDCRC.org
Treatment Courts and the Opioid Crisis

What Drug Courts and Communities Can Do

The opioid crisis is complex and thus solutions to the crisis need to be multifaceted and multidisciplinary. Solutions are also not universal, each jurisdiction will develop responses based on their unique needs. However, successful responses usually begin with collaboration across many fields.

Work Collaboratively

- Work with local legislative bodies and councils to form a task force including law enforcement, social services, nonprofits, Treatment Assessment Services for the Courts (TASC), judges, physicians, and active community members
- Organize partners to encourage state legislators to allocate funds for a Prescription Drug Monitoring Program
Webinars & Issue Briefs

Responding to the Opioid Crisis: National and Local Approaches
A Webinar from NDCRC

For more details about policies to combat the opioid crisis and how one treatment court transformed their model to respond to their community’s opioid crisis, watch NDCRC’s webinar “Responding to the Opioid Crisis: National and Local Approaches.”

➢ Overview of Bureau of Justice Assistance initiatives to address the opioid crisis
➢ Opioid overdose prevention in New Jersey
➢ Responding to opioid overdoses
➢ Description of the Buffalo Opioid Intervention Court
A podcast series that tells the stories of people involved in problem-solving courts, the narratives that emerge from a human-centered approach to crime. Listen and learn how problem-serving courts foster wellness and recovery in the confines of the justice system.

**Episode 4 – Treating the Opioid Crisis Part One**

The opioid epidemic has plunged towns, cities, and entire regions into crisis. Over the next three episodes, On the Docket with the National Drug Court Resource Center explores how one Montana drug treatment court is battling a flood of opioids in their community. Join our host, Anna Koozmin, as she travels to Great Falls and speaks to members of Montana’s 8th Judicial District Drug Treatment Court.
Legislation Search

➢ Stay current on all state and federal legislation related to problem-solving courts

➢ Search and view the full text of all state and federal problem-solving court related legislation that has been introduced since the beginning of the year

➢ Sorted by topic, disposition (enacted, pending, failed), and jurisdiction for ease of access

➢ Nearly 1,200 pieces of legislation currently available
What are Drug Courts? Explainer Videos

https://ndcrc.org/what-are-drug-courts-2
Visit us at www.NDCRC.org

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Justice Programs Office
American University
Presentation Overview

- An overview of the problem
- A model for intervention
- Community engagement in East TN
- Maximizing opportunity for justice involved people
The problem:

- Three waves:
  - Prescription opioid consumption rose dramatically from 1995-2013, and then declined
  - Heroin met the demand left behind after control of easy access to prescription opioids
  - Illicit Fentanyl is relatively easy to make and import, and cut into heroin and other drugs to increase potency and market desirability/share
Mortality rate in year $y$

$$= 10^{-0.038 + 0.032 \times (y - 1978)}$$

$R^2 = 0.99$

Epidemic Growth in Different Age Groups

HOT SPOTS FOR OVERDOSE DEATHS, BY DRUG

The problem:

• Three waves:
  – Prescription opioid consumption rose dramatically from 1995-2013, and then declined
  – Heroin met the demand left behind after control of easy access to prescription opioids
  – Illicit Fentanyl is relatively easy to make and import, and cut into heroin and other drugs to increase potency and market desirability/share
• There is an urgent need to get people into and retained in treatment
Widespread Public Stigma

- Belief individuals with mental illness, especially a drug dependence disorder, are a danger
- Beliefs of shame, blame, incompetency, punishment, and criminality
- Stigmatizing actions in the form of social distance from individuals with mental illness, especially drug abuse disorders

*Adults with drug dependence are consistently among the most stigmatized.*

Stigma vs Science: Medication-Assisted Treatment

- Stigma among community members, drug treatment and other professionals, and drug users

- Examples of underlying attitudes/beliefs
  - Compulsive drug use is a choice, a moral failing
  - Methadone, buprenorphine or Suboxone is a “crutch”; replaces one drug/addiction for another
  - MAT prolongs addiction and prevents full recovery
  - Low doses/short periods result in better rates of long-term recovery; Patients should be encouraged to end treatment

- Contributes to tension between counseling-only vs medication-assisted treatment programs

Sources:
- White W. Long-term strategies to reduce the stigma attached to addiction, treatment, and recovery within the City of Philadelphia (with particular reference to medication-assisted treatment/recovery). Philadelphia: Department of Behavioral Health and Mental Retardation Services;2009.
Evidence for the effectiveness of methadone maintenance treatment: high

Evidence clearly shows that MMT has a positive impact on:
• Retention in treatment
• Illicit opioid use

Evidence is less clear but suggestive that MMT has a positive impact on:
• Mortality
• Illicit drug use (nonopioid)
• Drug-related HIV risk behaviors
• Criminal activity

Evidence suggests that MMT has little impact on:
• Sex-related HIV risk behaviors

Stigma vs **Science**: Medication-Assisted Treatment

**Medication-Assisted Treatment With Buprenorphine: Assessing the Evidence**

Cindy Parks Thomas, Ph.D.  
Catherine Anne Fullerton, M.D., M.P.H.  
Meelee Kim, M.A.  
Leslie Montejano, M.A., C.C.R.P.  
D. Russell Lyman, Ph.D.

Richard H. Dougherty, Ph.D.  
Allen S. Daniels, Ed.D.  
Sushmita Shoma Ghose, Ph.D.  
Miriam E. Delphin-Rittmon, Ph.D.

**Evidence for the effectiveness of BMT: high**

Evidence clearly shows that BMT has a positive impact compared with placebo on:
- Retention in treatment
- Illicit opioid use

Evidence is mixed for its impact on:
- Nonopioid illicit drug use

A high level of evidence for its positive impact on treatment retention and illicit opioid use. Seven reviews or meta-analyses were also included. When the medication was dosed adequately, BMT and MMT showed similar reduction in illicit opioid use, but BMT was associated with less risk of adverse events. Results suggested better treatment retention with MMT. BMT was associated with improved maternal and fetal outcomes in pregnancy, compared with no medication-assisted treatment. Rates of neonatal abstinence syndrome were similar for mothers treated with BMT and MMT during pregnancy, but symptoms were less severe for infants whose mothers were treated with BMT. **Conclusions**: BMT is associated with improved outcomes compared with placebo for individuals and pregnant women with opioid use disorders. BMT should be considered for inclusion as a covered benefit. *(Psychiatric Services 05:155–170, 2014; doi: 10.1176/appi.ps.201300256)*

This article reports the results of a literature review that was undertaken as part of the Assessing the Evidence Base Series (see box on next page). Methadone maintenance treatment (MMT) is reviewed in a companion article in this series (3). As discussed in that review, research has shown that MMT improves treatment outcomes for individuals with opioid dependence (4–7). However, MMT is associated with serious adverse events, such as respiratory depression and over-

Medication saves lives. People die when medication stops.

ALL CAUSE MORTALITY RATE PER 1000 PERSON YEARS, IN AND OUT OF TREATMENT

<table>
<thead>
<tr>
<th></th>
<th>In treatment, First 4 wks</th>
<th>In treatment, After 4 wks</th>
<th>Out of treatment, First 4 wks</th>
<th>Out of treatment, after 4 wks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine</td>
<td>4.5</td>
<td>10.9</td>
<td>4.5</td>
<td>32</td>
</tr>
<tr>
<td>Methadone</td>
<td>11.4</td>
<td>5.8</td>
<td>32.1</td>
<td>13.5</td>
</tr>
</tbody>
</table>

Overdose survivors who receive medications have better survival
Cohort of 17,755 overdose survivors in MA, 2012-2014

Cumulative incidence of all-cause death

- None
- Methadone
- Buprenorphine
- Naltrexone

Months From Overdose

Larochelle MR, Bernson D, Land T, Stopka TJ, Wang N, Xuan Z, Bagley SM, Liebschutz JM, Walley AY.
Treatment has not kept pace with incidence

- Discontinuation is common, especially with naltrexone

Source: Alexander Y. Walley, MD, MSc, Associate Professor of Medicine, BUSM Director, Addiction Medicine Fellowship, BMC, Medical Director, Opioid Overdose Prevention Pilot Program, MDPH, Addressing Opioid Overdose and Opioid Use Disorder: Medication-Based Treatment Approaches Presentation to the Massachusetts MAT Commission, Thursday, January 24, 2019
THE TREATMENT GAP

In Rehab, ‘Two Warring Factions’: Abstinence vs. Medication

A reluctant evolution is taking place in residential drug treatment for opioid addiction. Here’s a look at one center’s wary shift.
“When I get a kid coming in that’s been to five abstinence-based programs, and he’s overdosed and he’s been Narcanned four times and he’s 23 years old, I am absolutely going to talk to him about medication 100 percent of the time,” he said, referring to the drug Narcan that revives people from overdoses.

“Matter of fact,” Dr. Loyd continued, “I’m going to try to talk him into it, because I know it’s his best shot at living. Yet I have people out there all the time, right now, that will throw rocks at this kid and shame him for being on it.”

“You’ve got these two warring factions — the M.A.T. side and the abstinence-based side,” he said. “It’s almost like our national politics. Where’s the John McCain? Here, it’s going to be me.”
Neonatal Abstinence Syndrome Surveillance
November Update (Data through 12/1/2018)

Quick Facts: NAS in Tennessee

- 823 cases of Neonatal Abstinence Syndrome (NAS) have been reported since January 1, 2018
- In the majority of NAS cases (73.7%), at least one of the substances causing NAS was prescribed to the mother by a health care provider.
- The highest rates of NAS in 2018 have occurred in the Northeast, Upper Cumberland and East Health Regions, and Sullivan County.

NAS Prevention Highlight – Mothers and Infants Sober Together (MIST) is a program in East Tennessee to help mothers of NAS babies get off drugs. MIST recently received $290,000 from BlueCross BlueShield as part of a comprehensive program to fight neonatal abstinence syndrome. Pregnant mothers who are identified with a history of substance abuse or are current users of opioids are referred the MIST program. The mothers commit to a six-month program that includes as evaluation of their drug history, weekly group therapy, individual therapy, and case management in their homes. Seventy-nine percent of MIST mothers tested negative for all substances after the program. Of those who tested positive, 60% were taking a prescribed medication. For more information about MIST, visit https://bettertennessee.com/mist/
Additional Detail for Maternal Sources of Exposure

<table>
<thead>
<tr>
<th>Source of Exposure</th>
<th># Cases</th>
<th>% Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication assisted treatment</td>
<td>557</td>
<td>67.7</td>
</tr>
<tr>
<td>Legal prescription of an opioid pain reliever</td>
<td>55</td>
<td>6.7</td>
</tr>
<tr>
<td>Legal prescription of a non-opioid</td>
<td>66</td>
<td>8.0</td>
</tr>
<tr>
<td>Prescription opioid obtained without a prescription</td>
<td>250</td>
<td>30.4</td>
</tr>
<tr>
<td>Non-opioid prescription substance obtained without a prescription</td>
<td>103</td>
<td>12.5</td>
</tr>
<tr>
<td>Heroin</td>
<td>51</td>
<td>6.2</td>
</tr>
<tr>
<td>Other non-prescription substance</td>
<td>187</td>
<td>22.7</td>
</tr>
<tr>
<td>No known exposure</td>
<td>8</td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>1.8</td>
</tr>
</tbody>
</table>

NAS Cases by County/Region

<table>
<thead>
<tr>
<th>Maternal County of Residence (By Health Department Region)</th>
<th># Cases</th>
<th>Rate per 1,000 births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davidson</td>
<td>54</td>
<td>5.8</td>
</tr>
<tr>
<td>East</td>
<td>191</td>
<td>26.7</td>
</tr>
<tr>
<td>Hamilton</td>
<td>24</td>
<td>6.2</td>
</tr>
<tr>
<td>Jackson/Madison</td>
<td>4</td>
<td>3.5</td>
</tr>
<tr>
<td>Knox</td>
<td>74</td>
<td>15.5</td>
</tr>
<tr>
<td>Mid-Cumberland</td>
<td>94</td>
<td>6.4</td>
</tr>
<tr>
<td>North East</td>
<td>125</td>
<td>41.9</td>
</tr>
<tr>
<td>Shelby</td>
<td>37</td>
<td>3.1</td>
</tr>
<tr>
<td>South Central</td>
<td>29</td>
<td>8.3</td>
</tr>
<tr>
<td>South East</td>
<td>24</td>
<td>6.9</td>
</tr>
<tr>
<td>Sullivan</td>
<td>61</td>
<td>42.8</td>
</tr>
<tr>
<td>Upper Cumberland</td>
<td>85</td>
<td>24.1</td>
</tr>
<tr>
<td>West</td>
<td>21</td>
<td>4.0</td>
</tr>
<tr>
<td>Total</td>
<td>823</td>
<td>11.1</td>
</tr>
</tbody>
</table>

23% reduction

16% reduction

19% reduction

NAS Prevention Opportunities

Women of Childbearing Age
- Visit Narcotics Anonymous to find recovery meetings.
- Discuss risks of medications with your healthcare provider before you become pregnant.
- Learn more about effective ways to prevent an unintended pregnancy.

Health Care Providers
- Educate patients about Tennessee REDLINE at 800-889-9789.
- Query the Controlled Substance Monitoring Database before prescribing an opioid or benzodiazepine.

Everyone
- Store all medications in a secure place.
- Never use medications prescribed for someone else.
- Utilize prescription drug take-back boxes to properly dispose of unused medications.
- Ask your physician about Naloxone to reduce overdose death risks for those addicted to opioids.
- Never use medications prescribed for someone else.

Notes
1. "Illicit" means drugs which are illegal or prohibited. "Diverted" means using legal/prescribed drugs for illegal purposes. For example, using a prescription drug purchased from someone else or using a prescription drug that was prescribed for someone else.
2. Multiple maternal substances may be reported; therefore the total number of cases in this table may not match the total number of cases reported.

More information on Neonatal Abstinence Syndrome in Tennessee can be found here: [http://tn.gov/health/nas](http://tn.gov/health/nas)

For questions or additional information, contact Dr. Angela Miller at angela.m.miller@tn.gov
The big picture
Return on Investment

- $1 invested saves $18 ($18:$1 ROI)
- 36% decrease in doctor shopping in TN
- $7-12:$1 ROI
- Essential: 1 save:227 kits
- Prescribing guides: current and accessible
- $4:$1 ROI for employers
- $5:$1 ROI for voluntary reversible long acting contraceptive (VRLAC)
- $2.21:$1 ROI

Level of Prevention:
1° Non-Use
2° Dependence
3° Addiction
Death
What is Prevention?

Public Health Model

- Investigate upstream to find out why people are falling into the river.
- Prevent the fall with high impact programs.
ETSU PDA/M Working Group

- Formed in Spring 2012
- Interprofessional focus
  - Research
  - Outreach and Education
  - Resource development
  - Systems thinking
  - Opportunities to Listen
- Monthly meetings
  - 20-40 attend every month
  - On-campus and community-based sites
PDAM Working Group by Sector

PDAM Working Group Members (N=254)

- Social and Other Sciences: 7
- Public Health: 40
- Pharmacy: 24
- Nursing: 10
- Medicine: 47
- Law Enforcement: 5
- Judicial and Elected Officials: 8
- Faith Community: 6
- Education (All Levels): 16
- Economic Development/Businesses: 9
- Dentistry: 1
- Community Agencies and Partners: 27
- Behavioral Health/Counseling/Psychology: 28
- Anti-Drug Coalitions: 7
- Allied Health: 9
The Working Group as Convener

To date the Working Group and Center staff have submitted:

- 34 grant proposals, 16 of which have been funded for $4.5 million
- 100+ invited educational presentations
- 26 peer-reviewed poster presentations
- 17 peer-reviewed research conference presentations
- 30 peer-reviewed articles with many more under review or in preparation
- Establishment of the ETSU Center for Prescription Drug Abuse Prevention and Treatment and Overmountain Recovery
The Center Receives National Attention

2018 USPHS Award Winner and Finalists Recognized for Exemplary Interprofessional, Team-Based Practice

The U.S. Public Health Service (USPHS) and the Interprofessional Education Collaborative (IPEC) awarded East Tennessee State University (ETSU) the 2018 Public Health Excellence in Interprofessional Education Collaboration Award this past Wednesday June 26 in Washington, DC during the summer IPEC Council meeting. Dr. Bob Weller (George Mason) and Dr. Laura Magalhaes (ASPHP) were in attendance, with ASPPH staff, and other IPEC colleagues.
Factors associated with provision of addiction treatment information by community pharmacies

Nicolle E. Haganstein, Pharm.D., Ph.D.,*†‡; Andrea A. Alston, M.S., Ph.D.,*§;
Marketa W. Masson, P.D.S.,*‡ Robert A. Foshee, Ph.D.,*‡

PRELIMINARY REPORT

Factors associated with provision of addiction treatment information by community pharmacies

Factors associated with provision of addiction treatment information by community pharmacies

Prescription drug abuse communication: A qualitative analysis of prescriber and pharmacist perceptions and behaviors

Nicolle E. Haganstein, Pharm.D., Ph.D.,*†‡; Paul Filiat, M.D.,‡; Scott Bridges, Pharm.D.,§; Elizabeth J. Hags, Pharm.D.,§; Angela Haganstein, M.A.,‡; Robert P. Paul, M.P.H., Ph.D.,‡

Department of Pharmacy Practice, Texas A&M University College of Pharmacy, College Station, TX 77843, USA

Department of Family Medicine and Community Health, University of Arizona College of Medicine, Tucson, AZ 85724, USA

Purpose: The purpose of this study was to qualitatively assess the perceptions and behaviors of prescribers and pharmacists with respect to prescribing and dispensing opioids for the treatment of chronic pain.

Method: A purposive sample of 10 prescribers and 10 pharmacists from a hospital-affiliated pharmacy were selected for this qualitative study. Semi-structured interviews were conducted to gather information on the prescribers’ and pharmacists’ perceptions and behaviors with respect to prescribing and dispensing opioids for the treatment of chronic pain. The interviews were transcribed and analyzed using qualitative content analysis.

Results: The prescribers and pharmacists had different perceptions and behaviors with respect to prescribing and dispensing opioids for the treatment of chronic pain. The prescribers were more likely to prescribe opioids for the treatment of chronic pain, while the pharmacists were more likely to be concerned about the potential for abuse and diversion of opioids.

Conclusion: The prescribers and pharmacists have different perceptions and behaviors with respect to prescribing and dispensing opioids for the treatment of chronic pain. These differences may contribute to the ongoing opioid epidemic in the United States.
Legislative Advocacy

Policy Brief
March 2018

Tennesseans Largely Unaware of HIV/HCV Risk but Support Best Practices to Avoid Potential Outbreak

In late 2014, Scott County, Indiana experienced the first known HIV outbreak related to injection drug use and the current opioid crisis. The outbreak affected 134 people, and 20% of those people acquired HIV in this rural community of Scott County in a year and a half. A community which had only five new HIV infections in the preceding 10 years. The outbreak was fueled by a teen of epidemologists from the US Centers for Disease Control and Prevention (CDC) in partnership with local and state health officials that used “fingernail strips” for prevention education, syringe access, and in-school connection to treatment services. The CDC identified 120 counties within 36 states that are highly vulnerable (i.e., the top 5% of vulnerable counties) to the spread of HIV and HCV infection among people who inject drugs. Forty-three percent (43%) or 41 Tennessee counties are rated in the top 5% of vulnerable counties in the country and only 2 states have a higher percentage—West Virginia (55%) and Kentucky (36%). The data are based on the latest available reporting up to 2016 and the subsequent CDC findings. Illustrates the impact need for HAV/HCV prevention strategies suited to the rural context.

Epipod Epidemic and HAV/HCV

<table>
<thead>
<tr>
<th>Tennessean’s Awareness of HIV/HCV Risk and Support for Best Practices</th>
<th>Disagree/Don’t Know</th>
<th>Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle and syringe exchange programs should be made available if it can be shown that they reduce the spread of HIV.</td>
<td>20%</td>
<td>74%</td>
</tr>
<tr>
<td>Needle and syringe exchange programs should be made available if it can be shown that they reduce the spread of hepatitis C (HCV).</td>
<td>20%</td>
<td>74%</td>
</tr>
<tr>
<td>I am concerned that there could be an HIV outbreak in my community that is a result of problem of opioid use disorder.</td>
<td>33%</td>
<td>67%</td>
</tr>
<tr>
<td>I am concerned that there could be a Hepatitis C outbreak in my community that is a result of problem of opioid use disorder.</td>
<td>37%</td>
<td>63%</td>
</tr>
</tbody>
</table>
Continuing Medical Education

A Tough Pill to Swallow: Addressing the Epidemic of Prescription Drug Abuse

August 18, 2017
7:30am-4:30pm
Millennium Centre, Johnson City, TN 37604
Project garners $60K for drug prevention coalition

JOHNSON CITY (June 9, 2016) — A $60,000 grant from the Tennessee Department of Mental Health & SubSTANCE Abuse Services is helping a relatively new organization better spread its substance abuse prevention efforts throughout Carter County.

Angie Hagaman, program director of the Diversity-promoting Institutions Drug Abuse Research Program at East Tennessee State University, came to the university after previously working for a drug prevention coalition. Such coalitions aim to employ evidence-based strategies to prevent alcohol, tobacco, and other drug abuse. The coalition model works by bringing together all sectors of a community to create social change.

"Coalitions serve all the stakeholders — parents, youth, schools, businesses, media, law enforcement, treatment providers, faith — to work together to establish community-wide strategies for prevention," Hagaman said. "When I found out Carter County didn’t even have a coalition, I was concerned because Carter County and East Tennessee are disproportionately impacted by drug abuse and it is such a pervasive issue in that community."

So, Hagaman decided to start a coalition in Carter County through her efforts as part of ETSU’s Prescription Drug Abuse/Misuse Working Group. With no available funding to start off with in 2015, the Carter County Drug Prevention Coalition (CDCP) worked on projects that did not require money, such as engaging pharmacies to help with safe medication disposal and disposal campaign and partnering with the Elizabeth Phillips Department to conduct a drug take-back event in Elizabethton.

Last summer, a $50,000 grant from the Tennessee Department of Health’s Office of Minority Health and Disparity Elimination allowed the CDCP to implement an Overdose Prevention Project that increased access to and awareness of Naloxone, a life-saving opiate antidote.

Now, the one-year funding of $60,000 will allow the coalition to hire a coordinator and "create a greater awareness in the community" of its efforts to reduce substance abuse through collaborative planning, community action and policy advocacy, Hagaman said. The funding will help the CDCP sketch its efforts to not only address prescription drug abuse, but also tobacco and underage and binge drinking.
JoNnson ciTy (oct. 11, 2018) - members of the junior league of johnson city recently awarded $20,000 to east tennessee state university’s center for prescription drug abuse prevention and treatment for the creation of a neonatal abstinence syndrome (nas) database.

nas is defined as a condition in which a baby has withdrawal symptoms after being exposed to addictive illegal or prescription drugs while in the mother’s womb. when the baby is born, it goes through withdrawal because it is no longer receiving the substances.

“There are currently no studies demonstrating long-term outcomes for nas babies,” said angie hagaman, program director for the national institute on drug abuse/diversity-promoting institutions drug abuse research program housed in etsu’s college of public health. “the creation of a nas database will have a significant impact on nas moms and babies here and, likely, across the country.”
Stigma vs Science: Medication-Assisted Treatment

• Stigma among community members, drug treatment and other professionals, and drug users

• Examples of underlying attitudes/beliefs
  – Compulsive drug use is a choice, a moral failing
  – Methadone or Suboxone is a “crutch”; Replaces one drug/addiction for another
  – MAT prolongs addiction and prevents full recovery
  – Low doses/short periods result in better rates of long-term recovery; Patients should be encouraged to end treatment

• Contributes to tension between abstinence-oriented vs medication-assisted treatment programs

ABOUT OVERMOUNTAIN RECOVERY

Our goal is recovery for every patient.

Overmountain Recovery is an outpatient opioid treatment program that provides methadone, individual counseling and group counseling.

It’s a joint project of Mountain States Health Alliance, East Tennessee State University and Frontier Health. Our goal is to reduce the burden of addiction plaguing our region, and help our patients achieve recovery.

We are focused not just on providing a service, but on making our community a healthier and safer place to live, work, learn and do business.
Acknowledgements

• Nick Hagemeier, PharmD, PhD, Stephanie Mathis, DrPH, Bill Brooks, DrPH, Christopher Lewis.
• Tireless Pharmacy Colleagues: Sarah Melton, PharmD & Jeff Gray, PharmD
• Stephen Loyd, MD, Tim Smyth, MD, Allison Rogers, Randy Jesse, PhD, Trish Baise, DNP, FACHE & Lindy White, MBA
• The PDAM & NAS Working Groups
• ETSU President Brian Noland, PhD
• Ballad Health President Alan Levine, MHS, MBA
• NIH/NIDA Grant R24DA036409
Maximizing Opportunities with Justice Involved People

Duane Slone
Circuit Court Judge
4th Judicial District
State of Tennessee
4th Judicial District of Tennessee

• Composed of Cocke, Grainger, Jefferson, and Sevier Counties in Eastern Tennessee

• A mixture of rural and suburban areas composed of just over 200,000 people

• The judicial district is in the heart of the Appalachian Mountains. It is home to Great Smoky Mountains National Park, the nation’s most visited national park, and adjoins Knox County (Knoxville), Tennessee

• Most commonly used drugs of the justice-involved population include opioids and heroin, benzodiazepines, marijuana and methamphetamine
“To effectively address the Opioid Driven Addiction Crisis we must go as far upstream as possible, meet people where they are and provide hope and healing”
Healthy Housing-Recovery Cabin, est. 2014
TN Department of Health
“Prevention through Education” Initiative

• Health Department-Jail voluntary class & provision of LARCS
• In approximately ½ of Tennessee Jails
• Class attendance for men & women mandatory as condition of supervised release
• Other Community Outreach, e.g. OBOTs
• Class will soon include education about infectious diseases commonly associated with illicit drug use and how to access treatment and other harm reduction services
Journal of Public Health Management & Practice
-Is the Health Department Jail Collaboration
-Perceived as Voluntary?
-Cost Effective?

https://journals.lww.com/jphmp/pages/default.aspx
Tennessee Recovery Oriented Compliance Strategy “TN ROCS”
Opioid Use Disorder - Pregnant & Parenting Women
Medication-Assisted Treatment
Essential Components of the Most Successful Recovery Oriented Compliance Strategies

1. Accurate assessment and referral to an appropriate level of treatment for an appropriate amount of time
2. Frequent accountability
3. A big stick

Evaluations of physician health programs (PHPs) and the Human Intervention Motivational Study (HIMS) for commercial airline pilots boast long-term recovery rates of up to 90 percent. These programs contain all three of the elements referenced above.
Drug Recovery Courts

- Serve nonviolent high-risk/high-need individuals
- Application required/voluntary
- Strict adherence to 10 Key Components of a Drug Court
- Multiple phases and close-ended
- Heavy demand on time and energy of team members
- Heavily dependent on volunteer human resources
- Population served limited to a small percentage of justice-involved people with behavioral health disorders
- Implementation and scalability are limited
Drug Recovery Courts

Cannot serve everyone

According to the Bureau of Justice Statistics, more than half (58 percent) of state prisoners and about two-thirds (63 percent) of sentenced jail inmates met the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) criteria for drug dependence or abuse during 2007–2009.
Essential Requirements of TN ROCS

• A trusted person or an organization provides accurate screening, assessments, and referrals to appropriate or best available level of treatment *(criminal justice liaison)*

• A trusted person or an organization provides appropriate level of supervision *(TDOC, Community Corrections)*

• Judge *(Tennessee judiciary)*
Criminal Justice Liaison (CJL)

Performs a “triage” service using a variety of screening tools such as ASI and CAGE. The CJL then engages the client in clinical assessment, relying on techniques of motivational interviewing and the client’s biopsychosocial information to develop a treatment plan.
Criminal Justice Liaison (CJL) cont’d

- Criminal justice liaison distributes results to:
  - Defense counsel: may obtain the full assessment and recommendations
  - Prosecuting attorney: obtains summary of recommendations
  - Judge: obtains summary of recommendations
- Provides a warm/rapid connection to services
- Provides continuing support and advocacy
Community Supervision Officer

- TN ROCS participant begins by reporting weekly to the community supervision officer to be monitored for compliance with behavioral health treatment plan and attendance of the “Prevention through Education” class offered by the Tennessee Department of Health

- Scheduled and random drug screening

- Direct communication with the court when noncompliance occurs
Tennessee Judiciary

- The individual on the TN ROCS docket appears before the court to review compliance with the behavioral health treatment plan and to make adjustments to terms and conditions of supervision where necessary.
- The judge may initiate, permit, or consider ex parte communications authorized by law.
- Affirmation by the judge is critical to the success of the individual.
  - In one study of drug courts, significantly better outcomes were achieved by drug courts that offered higher and more consistent levels of praise and positive incentives from the judge (Zweig, et al., 2012).

Success Stories
TN ROCS Successes

- Over a three-year period, at least 34 out of 34 pregnancies were healthy births
- Over a three-year period, 30 out of 34 mothers retained custody of their children
- Recidivism rate for any new criminal offense is 32 percent, including people who had as few as one appearance on the ROCS docket
- Significant reduction in jail population
- 50 percent reduction in burglary rates in Grainger County
- Philosophical and cultural shift
- “Scalability” and implementation: easier and faster than specialty courts
- Former Governor Bill Haslam included as a key component of “TN Together Plan” to combat the opioid crisis
- Governor Bill Lee & Legislature continue expansion across Tennessee
Progression of Interventions

- **Lower Risks/Needs**
  - Regular docket
  - TN ROCS

- **Higher Risks/Needs**
  - Drug Recovery Court
  - Residential Drug Recovery Court

- **Highest Risks/Needs**
  - Local jail
  - Penitentiary
TN ROCS

TN ROCS can serve the “GAP” population. The GAP population is composed of individuals who are commonly at a lower risk of recidivism yet have high needs related to a substance abuse disorder and frequently a mental health disorder.

<table>
<thead>
<tr>
<th></th>
<th>Drug Recovery Courts</th>
<th>TN ROCS</th>
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</thead>
<tbody>
<tr>
<td>Serves high risks for recidivism</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Serves high needs for behavioral health and other services</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Application required (voluntary participation)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Utilizes three essential components of DRCs</td>
<td>X</td>
<td>X</td>
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<tr>
<td>No eligibility restrictions for sentences permitting probation</td>
<td></td>
<td>X</td>
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<tr>
<td>Highly dependent on justice system volunteers</td>
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<td>X</td>
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</tbody>
</table>

TN ROCS utilizes the three essential components of a successful recovery oriented compliance strategy to scale up the court’s response to the opioid crisis in all criminal justice courts.
TN ROCS Resources

• Coming soon: [www.tjoi.org](http://www.tjoi.org)
  – TN ROCS: sample orders, judgments, behavioral health treatment plan recommendations, supervising officer compliance report, checklist for compliance appearances
1. **A Comprehensive Approach**
   The justice system should lead the way in delivering solutions to the opioid epidemic at every intersection point of the justice system.

2. **All Hands on Deck**
   Judges should maximize their roles as conveners, bringing together government agency and community stakeholders to address the opioid epidemic.

3. **Individualized Treatment and Services**
   Courts should ensure that treatment services target the individual's needs.

4. **Protecting Children and Supporting Families**
   Interventions should incorporate a continuum of treatment strategies, recovery support services and expeditious placement of children in a safe, stable environment.

5. **Making a Difference and Measuring Success**
   The courts should use data-driven decision-making approaches and establish robust data collection and quality assurance to use data for objectively assessing performance.
National Judicial Opioid Task Force Webpage

- [https://www.ncsc.org/opioidtaskforce](https://www.ncsc.org/opioidtaskforce)
Appalachian-Midwestern Regional Judicial Opioid Initiative Webpage

https://www.ncsc.org/rjoi
Thank you!